



Commonwealth  
of Massachusetts

Center for Health  
Information and Analysis

# All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: [CHIA-APCD@state.ma.us](mailto:CHIA-APCD@state.ma.us).

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)  
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

CIGNA Health and Life Insurance Company (CHLIC)														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	7	7
PR	2011	0	0	49	0	111	57	0	0	84	0	0	95	396
PR	2012	0	0	99	0	0	108	0	0	111	0			318
ME	2009	0	0	0	0	0	0	0	0	0	0	0	3,058	3058
ME	2010	0	0	0	0	0	0	0	0	0	0	0	2,179	2179
ME	2011	2,658	2,708	4,797	4,953	5,374	4,375	6,289	6,605	6,817	7,625	7,696	10,545	70,442
ME	2012	12,924	13,222	13,371	13,783	14,203	14,073	14,475	14,898	15,062	15,703			141,714
PV	2011	3,810	2,183	2,247	2,140	14,166	2,155	2,599	2,873	2,940	3,232	3,466	4,188	45,999
PV	2012	3,979	5,337	5,311	5,226	5,145	4,956	5,119	5,675	4,820	11,794	5,530		62,892
MC	2008	0	0	1	11	4	0	1	8	0	2	3	18	48
MC	2009	6	7	174	348	469	892	1,649	1,612	1,382	2,136	1,743	2,135	12553
MC	2010	1,668	1,904	2,296	2,174	2,134	1,882	2,482	2,214	2,318	2,553	2,773	2,447	26,845
MC	2011	2,135	2,729	3,548	3,334	2,926	3,073	3,685	4,331	4,919	5,239	5,978	7,257	49,154
MC	2012	6,991	9,730	9,584	8,942	8,822	7,873	8,513	9,666	7,632	12,151	10,803		100,707
PC	2008	0	0	7	2	1	0	3	0	0	0	3	1	17
PC	2009	2	3	82	142	161	381	442	483	512	490	520	461	3679
PC	2010	489	596	560	623	657	1,192	625	616	690	705	370	454	7577
PC	2011	497	508	553	342	971	811	1,311	1,508	1,604	345	2,242	1,982	12674
PC	2012	2,763	2,529	2,400	2,283	2,468	2,431	2,650	2,604	2,497	2,844			25,469
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	1	9	6	5	176	108	101	133	137	60	736
DC	2010	85	118	106	108	111	40	123	43	34	70	19	28	885
DC	2011	41	19	57	23	41	64	43	50	33	32	137	97	637
DC	2012	104	77	67	80	97	48	48	119	95	78	44		857

**\*Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

**The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:**

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

**These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.**











